MANAGED RISK MEDICAL INSURANCE BOARD
Healthy Families Program Advisory Panel Summary
Meeting of May 3, 2006
West Sacramento, California

Members:	**Jack Campana, Heather Bonser-Bishop, Martha Jazo-Bajet, M.P.H., Michael Kirkpatrick, Ellen Beck, M.D., Paul Morris, D.D.S., Elizabeth Stanley-Salazar, Iantha Thompson, Maria Villalpando**
Staff Present:	**Sarah Soto-Taylor, Vallita Lewis, Carolyn Tagupa, Robin Robinson, Mary Watanabe, Adriana Alcala, Elva Sutton, Ernesto Sanchez, Judith Torres**
Board Members:	**Virginia Gotlieb, M.P.H.**

Introductions

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting by announcing that Lesley Cummings, Executive Director for Managed Risk Medical Insurance Board (MRMIB), is unable to attend the meeting today due to jury duty and Janette Lopez, Deputy Director of the Eligibility, Enrollment and Marketing Unit for the MRMIB, is currently at a conference in Salt Lake City, so Sarah Soto-Taylor, Eligibility Division Manager will act as the MRMIB informant. Mr. Campana introduced himself and asked the Panel members, staff and the audience to introduce themselves.

Mr. Campana announced that he and Elizabeth Stanley-Salazar discussed the substance abuse program and a report of legislation that passed several years ago in regards to substance abuse. He stated that this legislation promotes treatment for addicts rather than incarcerating them and because of this legislation the number of people incarcerated because of drug abuse reduced.

Review and Approval of the February 1, 2006 Healthy Families Program (HFP) Advisory Panel Meeting Summary

The Panel made a motion to approve the February 1, 2006 HFP Advisory Panel Meeting Summary.

Vacancy for the Subscriber with Special Needs Representative

Ms. Soto-Taylor stated that there has been one resume received for the vacancy and MRMIB is currently in the process of verifying that the child meets the Special Needs category. An Advisory Panel member informed MRMIB that she knew of a Spanish speaking candidate for the vacancy. MRMIB is also coordinating with Department of Mental Health (DMH) to identify HFP subscribers that live in Sacramento County and have accessed DMH services. Ms. Soto-Taylor said that as a result of this query 17 potential candidates have been identified, and sent letters regarding the Panel vacancy. There has already been one person who has called to express her interest in the position.

Strategic Planning

Mr. Campana led a discussion regarding the items included on the Strategic Planning list and a process that could be used to prioritize the items.

There was interest expressed in identifying and prioritizing issues that are most achievable. It was recommended that the Panel review the entire list to determine where the priorities should be placed. It was suggested that the Panel place the highest priority on existing covered services where there may be gaps in access before proposing enhancements of services. The Panel suggested that the remainder of the items could be put on a timeline because some will require long term efforts for an outcome. The Panel recognized that there are challenges due to the limited number of meetings and the limited MRMIB staff support that is available to complete the work.

At the last Panel meeting, the members were asked to provide input to Dr. Beck regarding the priority of each item on the Strategic Planning list. Dr. Steven Tremain recommended increasing access to current services should be the main priority before adding any new services. He also suggested that the Panel review numbers one and three on the list to determine whether these already covered benefits are being provided well.

Martha Jazo-Bajet expressed interest in continued discussion regarding the California Children's Services (CCS) access problem. Ms. Jazo-Bajet's suggested adding Provider Paneling to number six on the list, after the CCS application process because there continues to be a barrier for children in receiving services when paneled providers have problems with their billing and refuse to see children for fear of non payment. Ms. Jazo-Bajet also suggested that a statement should be added to the introduction section of the list to insure that members with limited English proficiency receive quality care and have their needs met in a culturally appropriate and sensitive manner.

Several Panel members provided comments on other items on the Strategic Planning List as follows:

Ms. Ginny Gotlieb, MRMIB Board member, suggested that on item number one vision should be added in order to improve quality and access to care there as well.

A clarification was made that early intervention under item number three referenced all intervention for health and medical. Dr. Beck stated that an item was missing under category number three, to "Improve the reimbursement for Sealants in the Office."

Ms. Stanley-Salazar recommended that under item number seven an action item should be added for everyone to understand the funding streams for the DMH and to understand what SED means. She stated that she completely agrees with the expansion of benefits in principle, but does have a problem with the language of using "expansion of benefits" and would want to ensure that the incentives that are currently in place are being utilized at maximum. She would like to see monitoring utilization of services and identifying gaps in services.

Ms. Thompson stated that access to a benefit may not be an issue and that the issue may be whether the benefit even exists, or if it is a covered benefit. She said that in regards to the CCS issue, there should be discussion with someone who understands the correct process, and it may not be something that the Panel is able to change.

Ms. Bonser-Bishop stated that a way to improve quality to access is to do something on a regular basis, for example the Health Plan Employer Data and Information Set (HEDIS) reports are excellent. She recommended making the health plans report and explain why a child did not have regular visits, to make the provider responsible for the mandated services, to make it a regular item of having the provider explaining their numbers, and what they are doing to improve numbers.

Ms. Vallita Lewis, Deputy Director of the Benefits and Quality Monitoring at MRMIB, reminded the Panel that funding is available to conduct the Consumer Assessment of Health Plans Survey (CAHPS) in the upcoming fiscal year. The CAHPS will provide an additional indicator for plans' performance as input will be received directly from HFP subscribers on how they perceive the quality of services received from their providers and plans.

SED and CCS Carve-Outs

There was a very lengthy discussion regarding the CCS and SED "carve-outs" in the HFP and that they are not very seamless. There was concern expressed that in some counties (such as San Diego) there is a 6-9 month waiting list for mental health services once the county has diagnosed an HFP subscriber as SED. While the county mental health program is responsible for providing services

once an SED diagnoses has been made, there may be a gap in services if the HFP health plan no longer covers the child, but the county is unable to provide timely access to services due to a waiting list. Ms. Jazo-Bajet stated that in San Diego County there are very few mental health providers for SED. Although there is not a huge volume of children, most cases are very complex and there is not the availability at the county level to handle these cases when the SED diagnoses are confirmed. It was suggested that the Panel obtain more information about this issue before sending a recommendation to the Board that the health plan continue to provide mental health coverage until the child begins receiving care from the county.

Ms. Lewis reminded the Panel that there is currently a study underway by the University of California, San Francisco (UCSF) to review the mental health carve out and the county mental health programs delivery of services for HFP subscribers who are SED. UCSF will be reviewing the various barriers to children receiving timely access to care. She stated that UCSF is completing focus groups/interviews with counties, health plans, and with parents and it is anticipated that in the month of June a draft report of their findings and recommendations will be available.

Dr. Beck asked if the Panel could invite the consultant that helped conduct the study to the next meeting because the report could help to inform the Panel about the placement of priorities. It was also recommended that a subcommittee should be formed and that once more information is gathered, it will be decided where a specific problem lies. Ms. Thompson said that once the priorities are established the group can come to an agreement on what issues to tackle one at a time.

There was also much discussion about the accessibility of CCS services, including CCS orthodontia. In follow-up to an issue raised at the last Panel meeting, Ms. Soto-Taylor stated that a CCS brochure was included in the meeting folders to help address any questions on the process for accessing CCS services, and could possibly be helpful in discussions regarding prioritization of issues.

Ms. Lewis provided input from a conversation she had with State CCS staff regarding the process for referring HFP subscribers to CCS. She was informed that State CCS' preference is for providers to refer patients to the local CCS office and not directly to a CCS provider. She stated that the local CCS office needs to assess the child's medical condition to determine whether the child is eligible to receive CCS services; and the child must have prior authorization in order to access CCS services. Ms. Lewis also stated that when a referral is made directly to a provider rather than to the county CCS program, the family runs the risk of having to pay out-of-pocket because the provider may not be certified through CCS or the child may not have a CCS qualifying condition.

Several Panel members expressed concern that there are issues in getting CCS eligible children access to care and they are aware of situations where patients were eligible for CCS services but their dentists could not refer them. It was suggested that this is an area that deserves further exploration to determine if there are barriers.

Ms. Lewis stated that she was informed by the State CCS Program that they are in the process of drafting a discussion paper to address the problems that exist with accessing orthodontia care. She stated that CCS will be developing specific recommendations on steps necessary to fix the problem. A quarterly meeting with HFP health plans, and county and State CCS staff is scheduled for June 2nd, 2006. Ms. Lewis stated that in response to CCS staff's request for Agenda items for this meeting, several health plans expressed concern regarding problems with recruitment and retention of CCS providers. Ms. Lewis stated that at the local level, the plans have been getting feed back from providers stating that they are not interested in becoming a CCS paneled provider, or if they already are a provider, they are not willing to take any additional patients due to a difficulty in getting claims paid timely. She said that State CCS recognizes that this is a statewide issue and does not just impact the HFP members; and they have made it a high priority to complete the issue paper by the end of the fiscal year.

In response to a question raised about an issue paper previously presented to the Panel, Ms. Lewis confirmed that MRMIB Benefits and Quality Monitoring staff presented an issue paper several years ago that included alternatives for addressing the access issues for CCS orthodontia care. At that time, State CCS indicated that they would be implementing changes to the reimbursement system (Enhancement 47) effective July 1, 2004; and the they anticipated these changes would solve the problem. Ms. Lewis stated that the system change also required providers to have a Medi-Cal identification number and agree to participate in Medi-Cal. However, many providers were not willing to adhere to this requirement and as a result the change did not resolve the provider recruitment and retention problems faced by CCS. Dr. Beck expressed concern about the length of time that this problem has existed without CCS finding a resolution and requested that Ms. Lewis put this issue on the agenda for the meeting that she will be attending with CCS.

Mr. Campana stated that dental and mental health are the top priorities in regards to existing services that the Panel could have some success in making recommendations to the Board. He made a formal motion that the Panel focus on the SED carve out from HFP and dental services with CCS. The Panel passed the motion.

Mr. Campana also stated that a small workgroup should be formed with the help of MRMIB staff to address both issues. Dr. Beck, Mr. Campana, and Ms. Jazo-Bajet agreed to participate and invited others to join them. Ms. Jazo-Bajet

requested that Ms. Lewis be the Panel's primary contact person at MRMIB to help flush out the two specified issues.

Dental Issues and General Anesthesia

Dr. Morris led lengthy discussions regarding dental issues and general anesthesia. He provided the Panel with pictures depicting various dental diseases and indicated that dentists see an average of ten of these cases every day. He stated that for every ten patients that are seen there are ten others that are not receiving care. Dr. Morris also cited information from a Sacramento Bee newspaper article, "State's Kids Face Crisis of Cavities," that indicated that California received an F- on the oral heath of young children. He stated that this is certainly an area that demands very high priority. Dr. Morris stated that the reason there is a gap is because there are only 500 pediatric dentists in California. They have very special training that enables them to treat these children, but there are thousands with disease at these levels. Dr. Morris stated that pediatric dentists rely on general dentists. Richard Johnson, with Delta Dental of California, stated that in HFP there are a little over 6,000 HFP general dentists. Dr. Morris stressed that there are currently many who do not have the expertise to help these children and he reiterated to the Panel that general anesthesia is something that is doable and is timely and would directly benefit the children of California.

Dr. Morris recalled that at the last Panel meeting there were presenters that gave PowerPoint presentations to propose reasons why MRMIB should adopt in-office general anesthesia as a method of covered care. Dr. Morris reminded the Panel that he had written a proposal which Dr. Tremain requested containing some key concerns addressed in regards to general anesthesia.

Ms. Stanley-Salazar recommended that the next step should be for MRMIB staff to do a cost analysis or a cost benefit estimate. Mr. Campana stated that the Advisory Panel advises the Board, and then the Board will determine the appropriate next steps.

Dr. Beck stated that she agrees with the idea of children having access to general anesthesia and realizes that there is limited space of the beds in a hospital for general anesthesia services. However, she expressed concern with the criteria for administering anesthesia as stated in the proposal. She also expressed concern that this is a benefit that will be very costly to the program and is not the greatest priority.

Dr. Morris stated that there would always be a separate person administering the general anesthesia from the dentist performing the procedure. Dr. Beck asked if this proposal is different from what was proposed previously to the Panel. Dr. Morris stated that this proposal gives more detail as to what is being proposed for general anesthesia.

Ms. Lewis reiterated concerns previously expressed to Dr. Morris on whether implementation of the proposal would achieve a real improvement in access given the limited number of individuals in the state that are licensed to provide anesthesia. Dr. Morris stated that Dr. Reggiardo's analysis answered Ms. Lewis' question; as he determined that currently there are enough dental anesthesia providers to meet the needs of the Healthy Families population. Dr. Morris also mentioned that there is a huge work force of medical anesthesiologists that just needs to be licensed by the Medical Board of California because they already have the appropriate training.

Michael Kirkpatrick asked if this was the same benefit for Medi-Cal recipients. Dr. Morris stated that Medi-Cal benefits cover in-office anesthesia. Mr. Kirkpatrick asked what the difference was for billing an accredited hospital, a surgery center, or a dental office for anesthesia services. Dr. Morris stated that the hospital would give a higher reimbursement to an anesthesiologist than a dental office would. Mr. Kirkpatrick expressed concern that a private dental office is not subject to accrediting or licensing review like a hospital; and the training of staff in a dental office is not the same as the training for staff in a hospital or surgery center. Mr. Kirkpatrick stated that although he supports the proposal, he is not sure that all of the concerns have been addressed. Dr. Morris stated that there are licensing requirements and regulations enforced that are all covered in the proposal. Dr. Morris stated that general anesthesia is extremely safe and as HF Advisory Panel members there has to be trust in the laws already in place.

Ms. Bonser-Bishop stated that this topic had been discussed even before Dr. Morris joined the Advisory Panel, there has been a great deal of information provided to the Panel on the topic and she is prepared to recommend that this be taken to the Board for approval.

The Panel passed a motion to take the general anesthesia proposal to the Board at the June meeting.

Budget item

Ms. Soto-Taylor gave the highlights of the Governor's budget that came out in January. Budget assumes that 933,000 children will be enrolled in HFP as of June 2007. The Legislative Analyst's Office (LAO) recommended denying incentive payments to Certified Application Assistants (CAA). Based on their assessment, additional payments were premature and there has not been an evaluation of the current payment system.

Heather Bonser-Bishop asked Ms. Soto-Taylor where the structure for the incentive payments decision comes from. Ms. Soto-Taylor explained that MRMIB staff came up with the idea for the incentive.

Ms. Soto-Taylor stated that the LAO only approved two of the ten positions that MRMIB requested to address workload and since the LAO report came out, staff has been busy meeting with staff from the LAO and Legislative offices to express the need for the requested positions. Ms. Soto-Taylor stated that there will be more news once the budget hearings begin later in May.

Legislative update

Ms. Soto-Taylor provided an overview of legislation based on the latest report provided to the Board. Mr. Campana asked if MRMIB staff provide technical assistance and bill analysis on pending legislation. Ms. Soto-Taylor confirmed that MRMIB staff do bill analysis and provide technical assistance.

Ms. Bonser-Bishop expressed an interest in AB 2377 (Chan) specifically as it may relate to MRMIB. Ernesto Sanchez, Special Projects Section Manager for MRMIB, stated that the bill authorizes a county operating a county health initiative to apply to MRMIB for additional funding to be used solely for specified purposes. AB 2377 also limits the amount expended by MRMIB to the amount appropriated for those purposes in the Budget Act.

Reorganization of the Department of Health Services

Ms. Soto-Taylor stated that the Governor called upon the legislature to establish legislation that would split the Department of Health Services (DHS) into two separate Departments. One would be the Department of Health Care Services, responsible for the financing and delivery of health care services. The other would be the Department of Public Health, responsible for emergency preparedness, disease control and all other public health functions that DHS currently administers. She stated further discussions will continue and MRMIB will provide updates to the Panel.

Reports of Interest

Sarah Soto-Taylor gave the Administrative Vendor Update and reviewed the Enrollment, Disenrollment and Single Point of Entry Reports. She explained that the graph displays new and total enrollment by month and by year, that MRMIB has plateaued enrollment since June 2005. She stated that MRMIB is disappointed with the flat enrollment and there are ideas in the Governor's Budget to streamline enrollment.

Ms. Jazo-Bajet asked if the reason for low enrollment is due to incomplete applications being received by HFP. Ms. Soto-Taylor stated that CAAs have been assisting in the increased number of complete applications submitted.

Ms. Bonser-Bishop asked for about the status of the appeal backlog. Ms. Soto-Taylor stated that MRMIB has a little over 500 cases that are waiting to be

assigned or are being worked on by an analyst and that MRMIB continues to do overtime. Ms. Soto-Taylor also mentioned that new incoming appeals are being taken care of as soon as they are received by MRMIB to avoid adding to the backlog.

Dr. Beck asked if there was any documentation for the cause of the appeal. Ms. Soto-Taylor stated that MRMIB works with the administrative vendor to see any trends in the problems subscribers are having, MRMIB has regular meetings with the vendor, and is very proactive in fixing enrollment issues.

Dr. Beck stated that one of her students did an essay paper regarding interviews of why Latino women were not applying to the HFP. Ms. Soto-Taylor asked if Dr. Beck could send that paper to her as soon as possible so that Ms. Soto Taylor can use the paper to develop questions for a focus group regarding the revised joint application.

Ms. Lewis provided a few highlights on the 2004 HFP Quality Measurement (HEDIS) report. She stated that there were three measures that have continued to show improvement or have maintained a consistently high score (Childhood Immunizations, Well Child Visits for Children ages 3-6, and Children's Access to a Primary Care Provider). She also reported that there are two measures where the scores have been traditionally low (Adolescent Well-Care and Follow-Up After Hospitalization for Mental Illness). Ms. Lewis stated that she has been in contact with DHS staff to gain more information regarding their Statewide Adolescent Health Collaborative and steps that have been taken by the Medi-Cal health plans to improve adolescents' access to care. Also, in conjunction with a new Quality Improvement Initiative implemented by Ms. Lewis, she has led discussions with many HFP health plan partners regarding the current HEDIS measures used in the HFP, whether these measures are appropriate for the HFP population, and whether there are additional child-relevant HEDIS measures that should be added.

Ms. Stanley-Salazar stated that she would like to raise awareness to the fact that adolescents are seen in emergency rooms, and if these visits are for substance abuse the emergency room will not put a diagnosis on substance abuse.

Mr. Campana asked the Panel to look at the chart on page 12 of the HEDIS report which shows the comparison for the adolescent well-care visits from 2001 to 2004, and stated that all of the reasons for the decline in adolescent visits should be examined and solutions should be created for the decline.

Ms. Lewis stated that there are several plans that have implemented incentives to motivate adolescents to come into the doctor's office for a well-care visit, such as free movie passes, gift cards for music stores, etc. Mr. Campana believes that each county should recognize the decrease in their well visits, there should be some accountability for what is happening. Ms. Lewis stated that Benefits and

Quality Monitoring staff are currently working on a methodology to identify the poor performing plans and the high performing plans based on their HEDIS scores. Staff will be contacting the high performing plans to solicit input regarding specific strategies or "best practices" they have implemented to attain their high scores.. She stated that MRMIB will also contact the poor performing plans to discuss the strategies used by the high performing plans to give them ideas on ways to improve their scores; and MRMIB will request that the poor performing plans provide corrective action plans for improving their performance.

Dr. Beck suggested adding to the Strategic Planning list, the item of maximizing benefits to increase adolescent well visits, because she feels that all the ideas are worth developing further.

Mr. Campana asked when the CAHP survey will be ready to review. Ms. Lewis stated that the CAHP survey results will be presented to the Board early next year. Mr. Campana suggested that this report go out to the counties as well. Ms. Lewis stated that the report is made available on the MRMIB website and information regarding plan scores is included in the HFP handbook.

Ms. Gotlieb asked if this information is available to the CAAs during their training. Ms. Soto-Taylor stated that this information is in the handbook that the CAAs use and the information is not to be used to persuade a client in choosing a health plan, but to inform them.

Ms. Soto-Taylor explained the Impact of Premium Increase chart shows results of MRMIB's efforts to mitigate the negative impact to families affected by the implementation of increasing premiums to families with higher incomes as was required in last year's budget trailer bill. She stated that there were several efforts made to inform families before the premiums were increased. The premium increases went into effect of July 1, 2005. Ms. Sotto-Taylor stated that the back page demonstrates the disenrollment for non-payment of premiums June 2005 through December 2005.

Dr. Morris asked how many eligible families are not enrolled in the HFP.
Mr. Sanchez stated that UCLA's 2003 California Health Interview Survey (CHIS) estimated about 429,000 uninsured children are still eligible for either HFP or Medi-Cal. CHIS estimates that HFP and Medi-Cal have reached between 85% and 90% of the potentially eligible children in the state. He stated that CHIS estimated approximately 800,000 total uninsured children in the State of California and of that number approximately 350,000 don't qualify for HFP or Medi-Cal. Ms. Jazo-Bajet asked if this data was from CHIS and Mr. Sanchez stated that this information was from UCLA's 2003 CHIS.

Ms. Soto-Taylor presented the draft revised joint Healthy Families/Medi-Cal application. She stated that MRMIB had a stakeholder meeting that took place on

March 15, 2005 where the draft revised application was presented and DHS anticipates having the revised application available by October 1, 2006.

Ms. Soto-Taylor gave the highlights of the DHS Budget change proposal, specifically referencing page nine, the county outreach grants. She also reviewed the HFP County Buy-In Work Plan and Timeline and asked if Mr. Sanchez had any further information to give regarding the timeline.

Mr. Sanchez provided an overview of the CCS issue presented to MRMIB by a few HFP health plans. The concern is the potential risk associated with the health plans being responsible for the cost associated with care and treatment of CCS eligible conditions when the child is enrolled in the Buy-In Program and does not meet all other CCS eligibility criteria. As you will recall, HFP carves out CCS eligible conditions hence the health plans do not absorb this cost. MRMIB continues to work with the California Endowment and Price Waterhouse Coopers on the matter and will be reporting its finding to the Board.

Ms. Soto-Taylor stated that since MRMIB reinstated the $50 reimbursements on July 1, 2005, there has been an increase in the number of enrollment entities that are willing to participate and the chart reflects the number of payments that have been issued since July 2005. Ms. Thompson asked if the number of applications processed has been increased due to the increase in entities. Ms. Soto-Taylor stated that the number of assisted applications has increased.

Dr. Beck asked what the current procedure was for a person who wanted to become a CAA. Ms. Soto-Taylor stated that there is an online application available on the HFP website and there are specific qualifications and requirements. Dr. Beck also asked what the process is for an organization that wants to be part of the CAA process. Mr. Sanchez that MRMIB communicates the CAA interests through the Connecting Kids to Healthcare Through Schools Program that Judith Torres, Outreach Coordinator for MRMIB, oversees. Dr. Beck suggested posting CAA fliers in local areas to reach the community at a local level. Ms Soto-Taylor stated that the idea would be looked into.

There being no further items, the meeting was adjourned.